



STATE OF CALIFORNIA  
DATA EXCHANGE  
FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-6090

**INTERNET FILING APPLICATION  
INFORMATION RETURNS**

*Transmitters use this form to apply for Internet filing of annual 1098, 1099, 5498, and W-2G Information Returns with the California Franchise Tax Board.*

**TRANSMITTER INFORMATION**

*Please provide general information about the transmitter.*

Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Attn (optional): \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

*Please provide specific information about the individual designated to receive confidential password and user ID information on behalf of the transmitter.*

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: *(If different from the transmitter's street address above)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED REPRESENTATIVE**

*The authorized representative is an officer, executive, or owner of the transmitter named above. Under penalty of perjury of the laws of the State of California, I declare I have examined this form and to the best of my knowledge and belief, the information contained in this form is true and correct. Further, I acknowledge and accept the responsibility of protecting the privacy and the proper use of the password and user ID necessary for the transmission of information returns to the California Franchise Tax Board via the Internet.*

Name *(please print)*: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can fax this form to Data Exchange Services at (916) 845-5550, or mail it to the address provided in the letterhead above. For questions regarding the completion of this form, please call Data Exchange Services at (916) 845-3778.